

Costs of Medical Education.—The September number of the *Journal of the Association of American Medical Colleges* discusses the cost figures obtained from some forty medical colleges, the records being taken from 1253 expense books turned in in proper form and completeness, out of a total of some 7200 such expense books which were sent out beginning in the year 1921.

The summary which is printed thereon shows what are the costs of obtaining a modern medical education:

The averages drawn per year from these 1161 expense accounts are as follows: Tuition and fees, \$298.60; medical books, instruments, etc., \$105.68; board and room, \$388.54; clothing and laundry, \$137.30; travel, \$70.99; insurance and interest, \$77.45; recreation, \$76.63; miscellaneous, \$62.22. The average earnings per year were \$283.48. The investigation made by Dr. Leland reveals the actual sum spent by the student in any year as \$1100, this including tuition and fees, books and periodicals, board and room, clothing and laundry, and recreation. In 1920, by contrast, the amount was almost \$900. The figures submitted do not take into account the interest on the investment or the amount of money the young man might have earned were he in a gainful occupation rather than in a professional school. At the lowest possible estimate, apparently, a medical education must cost at least \$5000, and, if all the factors are taken into account, may cost in actual cash expended as much as \$10,000. If possible earnings and interest are added, the cost may actually reach \$20,000. In fact, Dr. Lytle, in a paper read before this association in 1926, stated that every medical graduate represented an actual investment of \$25,000.

More Engineering Students than Placements.—The difficulties which are encountered by many recent graduates in medicine to advantageously locate themselves extend also to some of the other professions. For instance, read what the federal department of education has to say regarding the placements of recent graduates in engineering:

A 40 per cent increase in enrollment in engineering schools of the country during the past five years narrows professional possibilities in some of the fields, as the saturation point approaches. W. C. John, specialist in professional education at the Federal Office of Education, stated.

Total enrollment in 145 leading engineering schools reached 78,685 for 1930-1931, of whom 12,161 were undergraduate seniors and 2939 students of graduate engineering.

Placement of graduates of engineering schools seems to be raising a problem as the number of students increases. Reports collected by F. L. Bishop, secretary of the society for the promotion of engineering education, indicate that but 38.2 per cent of the graduates of eighty-eight institutions this year have been placed. The reports involved 5866 graduates, of whom only 2240 were placed.

Infantile Paralysis.—Some of the eastern states are now having their worries with poliomyelitis outbreaks. In this issue of *CALIFORNIA AND WESTERN MEDICINE* is printed the paper read by Professor Aycok of Harvard at the recent California Medical Association's annual session at San Francisco, a perusal of which will indicate how much is still to be done before man can claim victory in the fight against poliomyelitis. The following is an excerpt from a recent report on conditions in the East:

A marked increase in the prevalence of poliomyelitis, or infantile paralysis, is reported at New York City, where the number of cases of this disease has increased from 5 to 195 during the period from July 1 to 25, according to an oral statement July 27 at the United States Public Health Service.

This increase has been so rapid that the City Health Commissioner, Dr. Shirley W. Wynne, and Dr. Thomas Parran Jr., State Health Officer of New York, called a special conference now meeting at New York City to consider measures of preventing further spread of infantile paralysis.

Preliminary reports show, however, that Massachusetts and Connecticut also have had increases in the number of cases of infantile paralysis, although the higher rates of increase in these two states are not as pronounced as is that of New York.

COUNTY HOSPITAL PROBLEMS*

THE ALAMEDA COUNTY HOSPITAL ORGANIZATION—ITS "COUNTY INSTITUTIONS COMMISSION"

In the September *CALIFORNIA AND WESTERN MEDICINE*, page 244, in the account of the San Diego County Hospital organization, mention was made of the plan which was brought out in Alameda County several years before. Because county hospital problems are arising with increasing frequency, it seems desirable to print an outline of the mode of organization of the supervisory board of the Alameda County Hospital, since that plan may have suggestive value to county medical societies which are confronted with county hospital problems of their own.

From a personal letter received by the editor in February of 1929 from a colleague in Alameda County the following excerpts are taken because they shed light on the manner in which the Alameda Commission was formed:

"With particular reference to the Supervising Board of the County Institutions of Alameda County the following information is submitted. It would appear that just before the war the county institutions were having considerable difficulty from the standpoint of efficient operation and direct control of the Board of Supervisors. Certain public spirited men who had the interests of the county institutions at heart proposed to the Board of Supervisors at a public meeting that there be created a so-called "County Institutions Commission," the members of which should be citizens of note in the community, who would serve without pay and in whose hands the responsibility of the efficient operation of the county institutions would be placed. Each of the members received an appointment for varying terms, but after the original appointments the new appointments would be for eight years, so arranged that the term of no two members would lapse at the same time.

"The original commission consisted of seven members and was made up of a majority of laymen on the board; one or two physicians only serving the board. This number has since increased until today there are twelve members on the board—six laymen, including a woman, and six physicians. The chairman of the board is a layman; the vice-chairman a physician. The secretary of the commission also serves as secretary to the Medical Director. The Medical Director of the county institutions is also the executive officer of the "County Institutions Commission" and is responsible through the "County Institutions Commission" to the Alameda County Board of Supervisors. You will appreciate that this "County Institutions Commission" actually has no authority except the authority conferred upon them by the Board of Supervisors, but they do represent an impartial group of public-spirited citizens who are assumed to serve only in the interests of this hospital administration and to maintain the proper standards of medical care and treatment of patients who are being cared for at the hands of the public.

The "County Institutions Commission" also practically eliminated political influence in the operation of the county hospitals of Alameda County. It would appear that this type of men would prohibit any less than the highest standards both from an administrative and professional standpoint being maintained in the county institutions. The public sentiment behind each of these men would demand no less than such standards being maintained. At this moment there is serving on the "County Institutions Commission" the president and general manager of a large calculating machine company; the owner and manager of a large East Bay newspaper; two very prominent attorneys; the president of Mills College; and a representative of labor. Among the physicians we have as vice-chairman Doctor Hamlin, also the president of the Alameda County Medical Society, the trustee in charge of Merritt Hospital, a former president of the County Medical Society, and a physician who has been formerly Department Commander of the American Legion. . . .

From the above it will be noted that the original "County Institutions Commission" of Alameda County was made up of only six members whereas now it is composed of twelve members, six of whom are laymen, the other six being physicians.

* See editorial on County Hospital Problems in *California*, in this issue of *California and Western Medicine*, page 315.

The resolutions which brought the "County Institutions Commission" into existence on July 16, 1917, follow:

PREAMBLE

Whereas, The increasing volume and growing complexity of the business of the County of Alameda compel its Board of Supervisors from time to time to create new administrative agencies, in order that the service rendered to the people may continue efficient and effective; and

Whereas, In particular, the County Hospital, Tuberculosis Hospital and the County Infirmary constitute a group of county institutions little related in their activities to the other business of the county, but calling for special knowledge, attention and supervisions; and

Whereas, Both from the survey of county institutions made at the request of the Board of Supervisors by the State Board of Charities and Corrections, and from the independent information of the Board of Supervisors itself, it appears that the future needs of such institutions will be best served by vesting in a special commission acting under the Board of Supervisors the administration and direction of such institutions;

RESOLUTION †

Resolved, By the Board of Supervisors of Alameda County as follows:

Section 1. Appointment of Board.—There is hereby created a County Institutions Commission (hereinafter called the Commission) (consisting of six members, to be appointed by the Board of Supervisors. The members shall hold office for the term of eight years, provided that of those first appointed, one shall hold office for three years, one for four years, one for five years, one for six years, one for seven years and one for eight years) from the first Monday in July, 1917. Those first appointed shall classify themselves by lot as to terms of office. Whenever a vacancy occurs in the Commission it shall be filled by the Board of Supervisors from nominees recommended by the State Board of Charities and Corrections, and if for any uncompleted term, said appointment shall be made for the uncompleted balance of the term. Members shall serve without pay. Each member shall have been a resident of the county for at least one year preceding his appointment.

Section 2. Removal of Commissioners.—In cases of misconduct, inability or wilful neglect in the performance of the duties of the office, any member of the Commission may be removed from office by the affirmative vote of four members of the Board of Supervisors. Such member sought to be removed shall be given an opportunity to be heard in his own defense at a public hearing, and shall have the right to appear by counsel and to have process issued to compel the attendance of witnesses, who shall be required to give testimony, if such member of the Commission so requests. A full and complete statement of the reasons for such removal, if such member be removed, together with the findings of fact made by the Board of Supervisors, shall be filed by the Board of Supervisors with the County Clerk and made a matter of public record.

Section 3. Powers and Duties of the Commissioners.—The Commission shall have jurisdiction over the County Hospital, the County Infirmary and the Tuberculosis Hospital of the County of Alameda, of all employees thereof, and of all activities carried on therein, and of all institutions for the sick, injured or infirm maintained and operated by the County of Alameda, not including therein the emergency hospital.

The Commission shall create eligible lists temporary or permanent, covering all places of employment or service in said institutions. Whenever a position in any of said institutions is to be filled, the Board of Supervisors shall make requisition in writing upon the Commission, and the Commission shall certify to the Board of Supervisors the one person having the highest standing on the eligible list for the position; provided, that should there be a person on a reinstatement list for the vacant position, the Commission shall first certify the name of the person or persons having the highest efficiency rating on said list. The Board of Supervisors shall appoint no person to a position in any of said institutions, except such person as is certified to it by the Commission.

The Commission shall grade, classify and group places of employment and of service in said institutions, and shall make provisions for removals, promotions, transfers, lay-offs, reinstatements, suspensions, leaves of absence, appeals, trials; for establishing and changing compensations or titles, giving and holding examinations; probationary periods; and for demotion and discipline, as to all places of employment of service and as to all persons holding positions in any of said institutions. In every matter coming within its jurisdiction which under the laws of the State of California requires action by the Board of Supervisors, the Commission shall certify its action to the Board of Supervisors, which at its next meeting thereafter shall adopt the same by resolution.

As to all said institutions, the Commission shall have jurisdiction over the creation of positions, the compen-

sation and titles of the same, the abolishment of positions and the vacating of the same, and the conduct of all occupants of positions; the design and construction of buildings; and the management, conduct and operation of each institution.

The Commission shall make and enforce rules and regulations to improve and regulate said institutions and the conduct thereof and the efficiency of the same, and to carry out the other purposes of this resolution.

No claim for any salary or compensation for services nor for any supplies or equipment rendered in or furnished to any of said institutions shall be presented to or will be considered by the Board of Supervisors unless the pay roll or claim for the same shall bear the certificate of the Commission by its secretary, that the persons named in the pay roll have been appointed or employed and are performing services in accordance with this resolution and with the rules and regulations of the Commission and that the supplies or equipment have been furnished and received.

Persons holding places of employment or service in said institutions at the time of the passage of this resolution shall continue therein until the Commission shall certify otherwise, pending the formation of the eligible lists hereinabove provided for.

Section 4. This resolution shall take effect immediately.

TWENTY-FIVE YEARS AGO*

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Volume IV, No. 10, October 1906

From some editorial notes:

Our Wicked San Francisco.—A short time ago our "esteemed contemporary" of Philadelphia, *American Medicine*, casually referred to San Francisco, editorially, as "the wickedest city in the United States," and incidentally made some very unpleasant remarks about its "wickedness." And this from Philadelphia! Will *American Medicine* please be good enough to tell us wherein our former wickedness mostly lay? Was it because the people were—and thank the good Lord, still are—a pleasure-loving, cheerful, high-spirited, care-free lot, taking life easy and not at all with undue seriousness, getting all the fun and the pleasure out of each day that may be wrested from it, and not bothering too much about the other fellow's business or his ancestors, so long as he is a good fellow? Or was the epithet applied because of the existence of those world-famous French restaurants, where liberty was directly, and "respectability" inversely as the altitude? Surely, from Philadelphia, "corrupt and complacent" for so many, many years, some more explicit arraignment should be vouched for denying its own supremacy and designating poor scotched San Francisco as the "wickedest city in the land." . . .

Available Locations.—From time to time inquiry is made at the office of the society either for available locations or for men to take such openings. It is a pleasure to be of assistance in these matters, and we trust that no one will ever think it a trouble or bother to the secretary to give his aid whenever possible. Just at the present time there are two or three openings which the right man might secure and develop into good locations. . . .

Bad Books and Good.—No one who practices medicine, and especially no one who does much fracture work, but dreads sooner or later the affliction of the blackmailing malpractice suit. McCormack has said that nine times out of ten some jealous or disgruntled fellow practitioner may be found behind such suits, backing up the plaintiff, if not indeed inspiring him to sue. This is probably true, and the remedy he sug-

† Editor's Note.—These were the original resolutions. The editor has not at hand subsequent amendments thereto.

* This column strives to mirror the work and aims of colleagues who bore the brunt of state society work some twenty-five years ago. It is hoped that such presentation will be of interest to both old and recent members.